

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number INC 006049456	2. Page 1 of	3. Emergency Response Phone 765-289-2374	4. Manifest Tracking Number <b>010668743 JJK</b>		
		5. Generator's Name and Mailing Address MID-CITY PLATING COMPANY, INC. 921 EAST CHARLES STREET MUNCIE, IN 47305 Generator's Site Address (if different than mailing address) Generator's Phone: 765-289-2374					
6. Transporter 1 Company Name <b>Freehold Carriage Inc</b>		U.S. EPA ID Number <b>NJD054126164</b>					
7. Transporter 2 Company Name		U.S. EPA ID Number					
8. Designated Facility Name and Site Address MICHIGAN DISPOSAL WASTE TREATMENT PLANT 49350 NORTH L-94 SERVICE DRIVE BELLEVILLE, MI 48111 Facility's Phone: 313-592-5489		U.S. EPA ID Number MICH00724831					
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	1.	HAZARDOUS WASTE SOLID NO. 1 (SLUDGE), 9, PG II, ERG-1/1 #F141012MDI	4 CF		4	Y	FC001
	2.						
	3.						
	4.						
14. Special Handling Instructions and Additional Information NEEDS CD SENT TO US WASTE 24-HR EMERGENCY CONTACT MARC MUZZARELLI 765-289-2374 JS109665							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offor's Printed/Typed Name <b>MARC MUZZARELLI</b>		Signature <i>Marc Muzzarelli</i>		Month Day Year <b>3 18 15</b>			
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit: Date leaving U.S.:				
	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name <b>James Thomas</b> Transporter 2 Printed/Typed Name		Signature <i>James Thomas</i> Signature		Month Day Year <b>3 18 15</b> Month Day Year		
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
	Manifest Reference Number:						
	18b. Alternate Facility (or Generator) U.S. EPA ID Number						
	Facility's Phone:						
18c. Signature of Alternate Facility (or Generator) Month Day Year							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. 2. 3. 4.							
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name		Signature		Month Day Year			